



FIELD'S
Fire Protection, Inc.

Please complete the application in its entirety.
Do not write "see resume" in any blank.
An incomplete application will not be considered
for available positions.
Applications are kept active for 30 days.

APPLICATION FOR EMPLOYMENT

4303 40th Street SE, Grand Rapids, MI 49512

General Employment Application

Position(s) Applied For		Date Available to Start Work		Date of Application	
Last Name		First Name		Middle Initial	
Street Address		City		State	
				Zip Code	
Telephone Number(s)		Have You Ever Worked With Us Before?		Have You Ever Applied With Us Before?	
		Yes No		Yes No	
Address For Past 3 Years (if different than above)	Street	City	State	Zip Code	How Long?
	Street	City	State	Zip Code	How Long?
	Street	City	State	Zip Code	How Long?

Are You At Least 18 Years of Age?	Yes No	If NO , Can You Provide Required Proof of Your Eligibility to Work?	Yes No
Are You Currently Employed?	Yes No	If YES , May We Contact Your Present Employer?	Yes No
Are You Legally Eligible For Employment In This Country?	Yes No		
	<i>Proof of employment eligibility will be required upon employment</i>		
Are You Able To Travel if the Job Requires It?	Yes No	Including Overnight Travel?	Yes No

Have You Ever Been Convicted of a Crime?	Yes No	<i>Conviction will not necessarily disqualify an applicant from employment</i>
Are There Any Criminal Charges Currently Pending Against You?	Yes No	
Have You Ever Been Dishonorably Discharged, or Discharged Under "Less Than Honorable" Circumstances from Military Service?	Yes No	

Please explain any **YES** answers here. Please include dates and details of circumstance(s).
Attach additional sheets if necessary

Education	Elementary School	High School	Undergraduate College/University	Graduate Professional
School Name and Location				
Years Completed				
Diploma/Degree				
Course of Study				
Please List Any Specialized Training, Apprenticeships, Skills, Activities, or Honors				
Please List Any Professional, Trade, Business, or Civic Activities and Offices Held. You may exclude memberships which would reveal race, color, religion, gender, national origin, age, disability, or other protected status				
Have You Had Job-Related Military Training with the United States Military?			YES	NO
If YES, please describe here, including dates				

References	Please list information for 3 references not related to you and that are not previous employers.
1.	
2.	
3.	

Employment History	<i>Start with your present or most recent job. Include any job-related military service assignment and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, age, disability, or other protected status. Do not write "see resume" in any blank. An incomplete application will not be considered for available positions.</i>		
Employer	Dates Employed From To		Description of Job and Duties
Address			
City, State, Zip	Hourly Rate/Salary Start End		
Job Title			
Reason For Leaving	Phone Number		

Employer	Dates Employed From To		Description of Job and Duties	
Address				
City, State, Zip	Hourly Rate/Salary Start End			
Job Title				
Reason For Leaving			Phone Number	May We Contact This Employer? YES NO

Employer	Dates Employed From To		Description of Job and Duties	
Address				
City, State, Zip	Hourly Rate/Salary Start End			
Job Title				
Reason For Leaving			Phone Number	May We Contact This Employer? YES NO

Employer	Dates Employed From To		Description of Job and Duties	
Address				
City, State, Zip	Hourly Rate/Salary Start End			
Job Title				
Reason For Leaving			Phone Number	May We Contact This Employer? YES NO

Please describe any additional information that you feel may be helpful to use in our evaluation and consideration of your application.

I declare that the information provided by me is complete and true. I am aware that any misrepresentation, omission of, or discrepancy in facts may preclude an offer of employment, result in withdrawal of an employment offer, or result in separation from employment.

Applicant Signature: _____

Printed Name Signed Above: _____ Date: _____

FIELD'S Fire Protection, Inc.
Applicant Certification and Instructions

Welcome

Thank you for your interest in employment with Field's Fire Protection, Inc. (FFPI). This form provides you with important information about our company and instructions for completing our employment application. Please review this form carefully, check with us if you have any questions, and acknowledge the information to follow with your signature at the bottom of this form.

Equal Opportunity Employment

We are proud to be an equal opportunity employer. We have a policy of making employment decisions without regard to race, color, religion, gender, national origin, age, disability, or other protected status. Your opportunity for employment depends on the qualifications you demonstrate through our employment process. Should you require a reasonable accommodation in employment due to a disability; you must inform our organization in writing and attach it to the employment application. Please include, to the best of your knowledge, any specific accommodation necessary.

Application Form Instructions

Applicants will be considered for employment only if these instructions are followed.

- This applicant certification and instruction form must be signed and dated
- The employment application must be fully completed
- Every question on the employment application must be answered in full
- Do not use statements like "refer to resume" or "see resume" to answer a question
- The employment application must be signed and dated
- Applications are only valid for 30 days from the date of completion. After 30 days, you must complete a new application for continued consideration

Applicant Certification of Agreement and Understanding

I understand that no part of the employment process, documentation, relationship, handbook, benefit plan or other workplace practice shall serve to create an actual or implied contract of employment, or confer any right to remain an employee of FFPI. I agree to abide by, and understand that FFPI may change or revise at any time with or without notice, compensation plans, benefit plans, or employment policies, procedures and practices. I understand that if hired, my employment is At-Will. This means that I, or FFPI, may end the employment relationship at any time, for any or no reason, with or without notice. This At-Will policy can only be modified in writing by the CEO of FFPI.

I authorize investigation of all statements, written or oral, that I make to FFPI during the employment process. I understand that misrepresentation, omission of facts of discrepancy between facts may lead to non-selection for or immediate separation from employment. I authorize FFPI to contact schools, previous employers (unless otherwise indicated), consumer credit entities, law enforcement agencies or any other source necessary to complete a background investigation. I release FFPI and any source contacted in the employment process from any liability, damages, causes of action, complains or charges resulting from providing or using this information.

Applicant Signature: _____

Printed Name Signed Above: _____

Date: _____